

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Marco Rubio for President**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL J. MILLER**

Mailing Address 217 W 3RD ST

City

MUSCATINE

State

IA

Zip Code

52761-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIFIED FINANCIAL

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.954276**

Date of Receipt

M M / D D / Y Y Y Y  
01 / 26 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

**B. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL J. MILLER**

Mailing Address 217 W 3RD ST

City

MUSCATINE

State

IA

Zip Code

52761-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIFIED FINANCIAL

Occupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.957678**

Date of Receipt

M M / D D / Y Y Y Y  
01 / 28 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

**C. Full Name (Last, First, Middle Initial)**

**NORMAN MILLER**

Mailing Address 1279 PEACHTREE BATTLE AVE NW

City

ATLANTA

State

GA

Zip Code

30327-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.989843**

Date of Receipt

M M / D D / Y Y Y Y  
01 / 27 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

**Subtotal Of Receipts This Page (optional)**.....

1400.00

**Total This Period (last page this line number only)**.....